

# What Are the Physiological Mechanisms by Which PM Causes Adverse Cardiac Effects?

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research  
and  
development

## Introduction

- Epidemiological studies have reported a positive association between PM and the incidence of cardiovascular related morbidity and mortality. The robust nature of these associations has been sustained across a wide range of international urban centers and air sheds, and appears to be strengthened when limited to persons with preexisting cardiovascular disease (CVD). There is often a short time lag between exposure to increased levels of PM and the development of adverse effects, and there is a general consensus that the excess mortality is not due to "harvesting".
- Nevertheless, the underlying mechanisms of this response are still unknown. Given that CVD is the most prevalent cause of morbidity and mortality in the United States, impacting approximately 50% of the population, the likely potentiation of the effects of this disease with exposure to PM represents a major public health concern.
- Three potential pathways (see chart to left) have been proposed to explain how PM that enters the body through the lung may exert its primary impact on the cardiovascular system. Human and animal studies conducted to elucidate the mechanisms responsible for these effects have largely supported these proposed pathways.

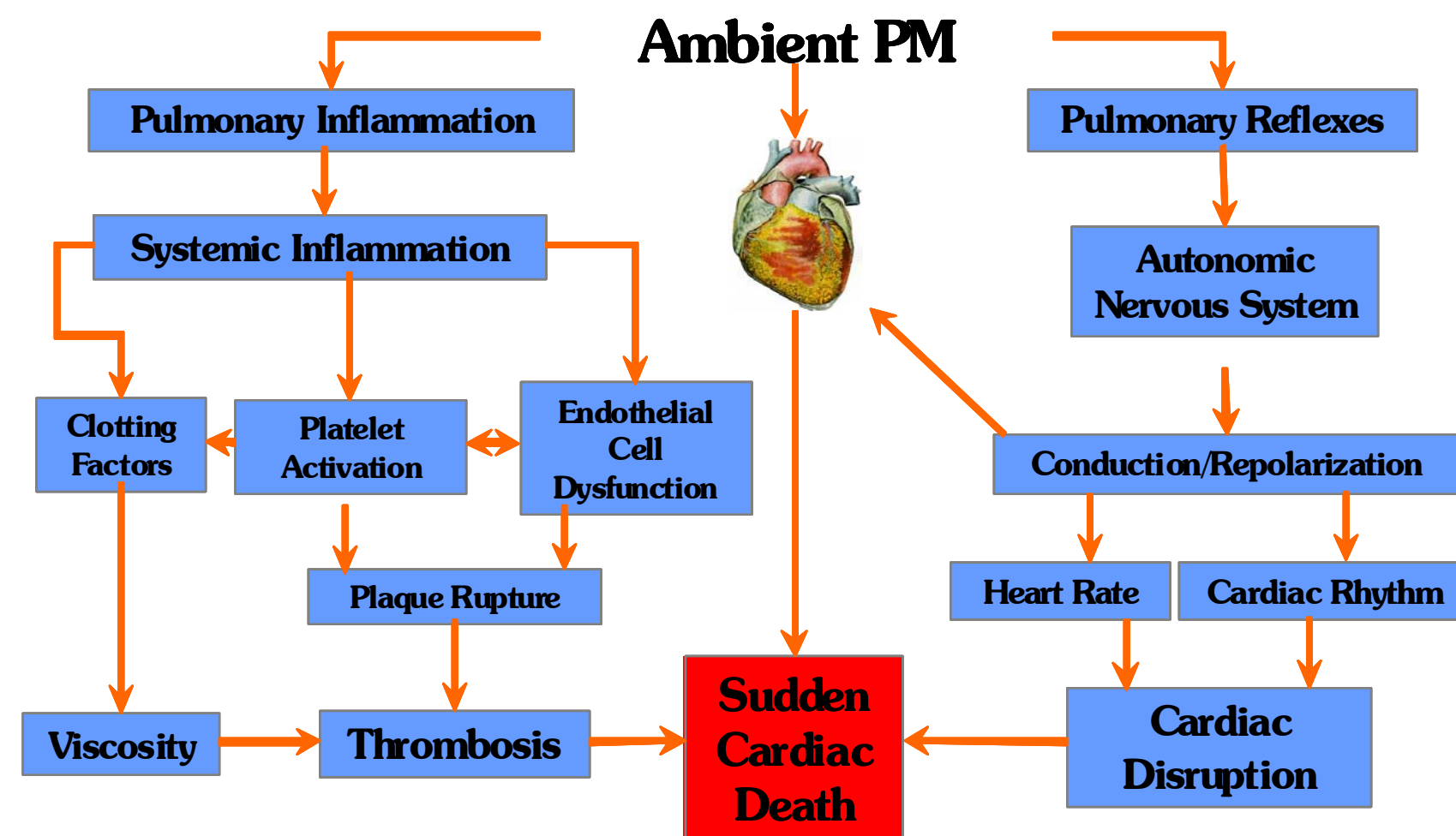
## Research Goals

- examine the effects of exposures to particulate matter on cardiac (and pulmonary) indices in humans and animals
- elucidate plausible biological mechanisms responsible for these effects
- incorporate these mechanistic responses into logical scenarios that support and explain the epidemiological data

The poster presented by Cascio describes cardiovascular effects induced by PM in the elderly.

## Methods/Approach

Potential Pathways for PM-Induced Cardiovascular Effects

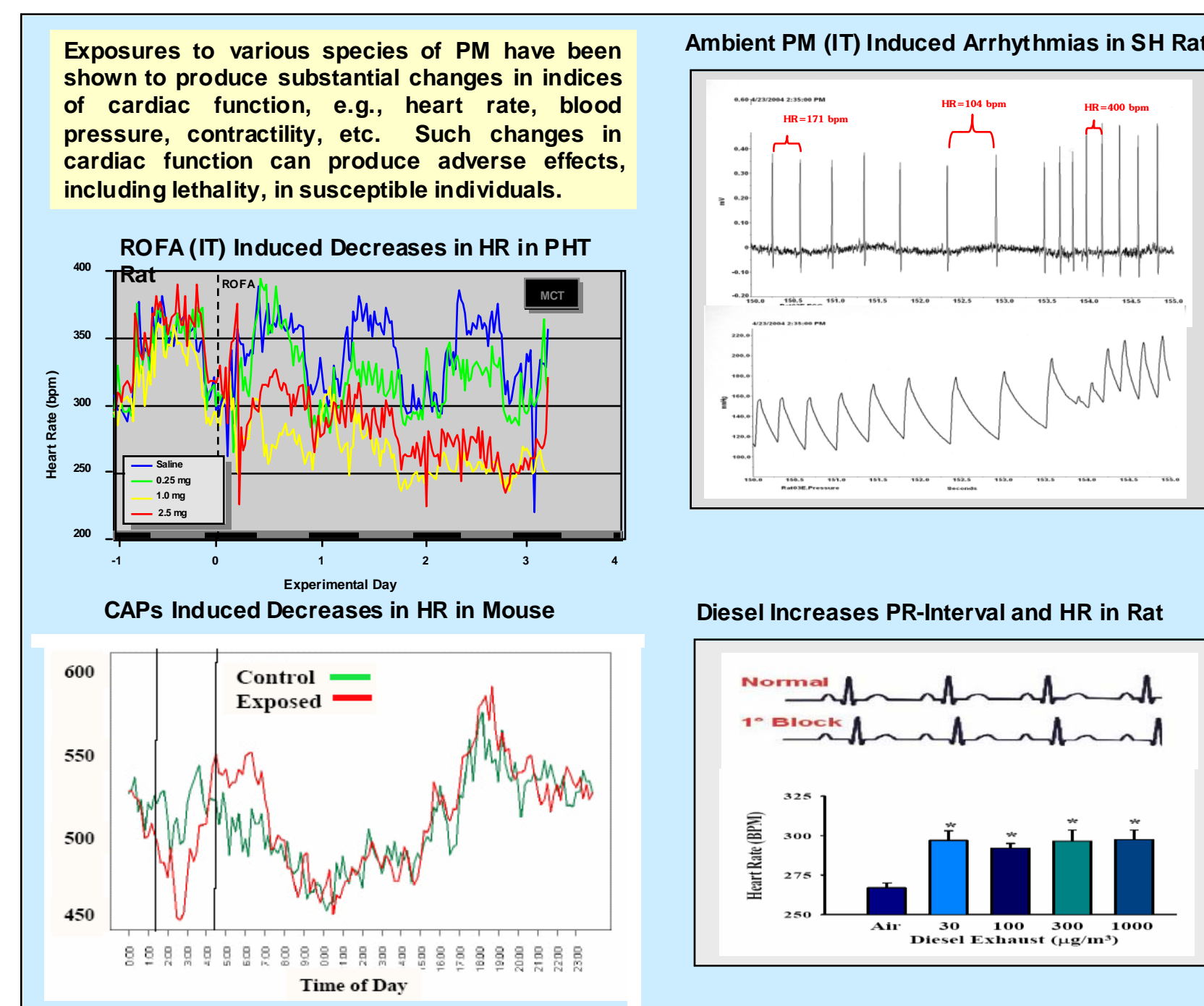


Comparisons Between Experimental Approaches Used in Animal and Human Studies

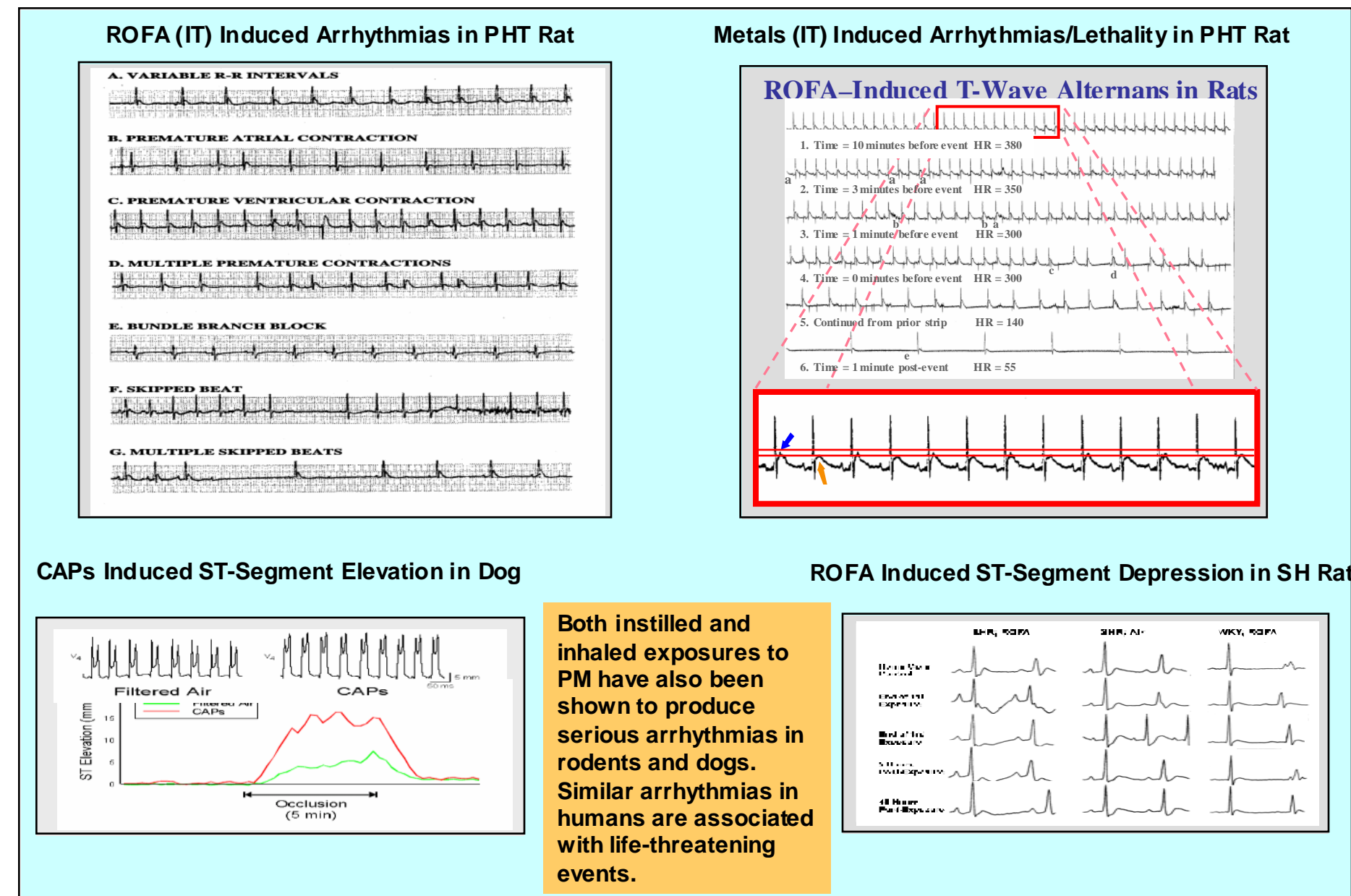
	Animal Studies	Human Studies*
Exposure Regimens	<ul style="list-style-type: none"> <li>• instillation</li> <li>• nose-only inhalation</li> <li>• whole-body inhalation</li> </ul>	<ul style="list-style-type: none"> <li>• instillation</li> <li>• whole-body inhalation</li> </ul>
Particulate Species	<ul style="list-style-type: none"> <li>• combustion particles</li> <li>• metals/constituents</li> <li>• ambient particles</li> <li>• with/without gases</li> </ul>	<ul style="list-style-type: none"> <li>• combustion particles</li> <li>• metals/constituents</li> <li>• ambient particles</li> <li>• with/without gases</li> </ul>
Animal Model/Disease	<ul style="list-style-type: none"> <li>• pulmonary inflammation</li> <li>• pulmonary hypertension</li> <li>• COPD</li> <li>• systemic hypertension</li> <li>• myocardial ischemia</li> <li>• myocardial infarction</li> <li>• cardiomyopathy</li> <li>• old age</li> </ul>	<ul style="list-style-type: none"> <li>• asthma</li> <li>• cigarette smoke</li> <li>• diabetes</li> <li>• COPD</li> <li>• cardiac disease</li> <li>• ventricular fibrillation</li> <li>• myocardial ischemia</li> <li>• old age, children</li> </ul>
Endpoints	<ul style="list-style-type: none"> <li>• heart rate</li> <li>• blood pressure</li> <li>• arrhythmias</li> <li>• electrocardiograms</li> <li>• heart rate variability</li> <li>• blood biomarkers</li> <li>• cardiac pathology</li> </ul>	<ul style="list-style-type: none"> <li>• heart rate</li> <li>• blood pressure</li> <li>• arrhythmias</li> <li>• electrocardiograms</li> <li>• heart rate variability</li> <li>• blood biomarkers</li> </ul>

## Cardiac Effects – Animals

Heart Rate and Cardiac Function

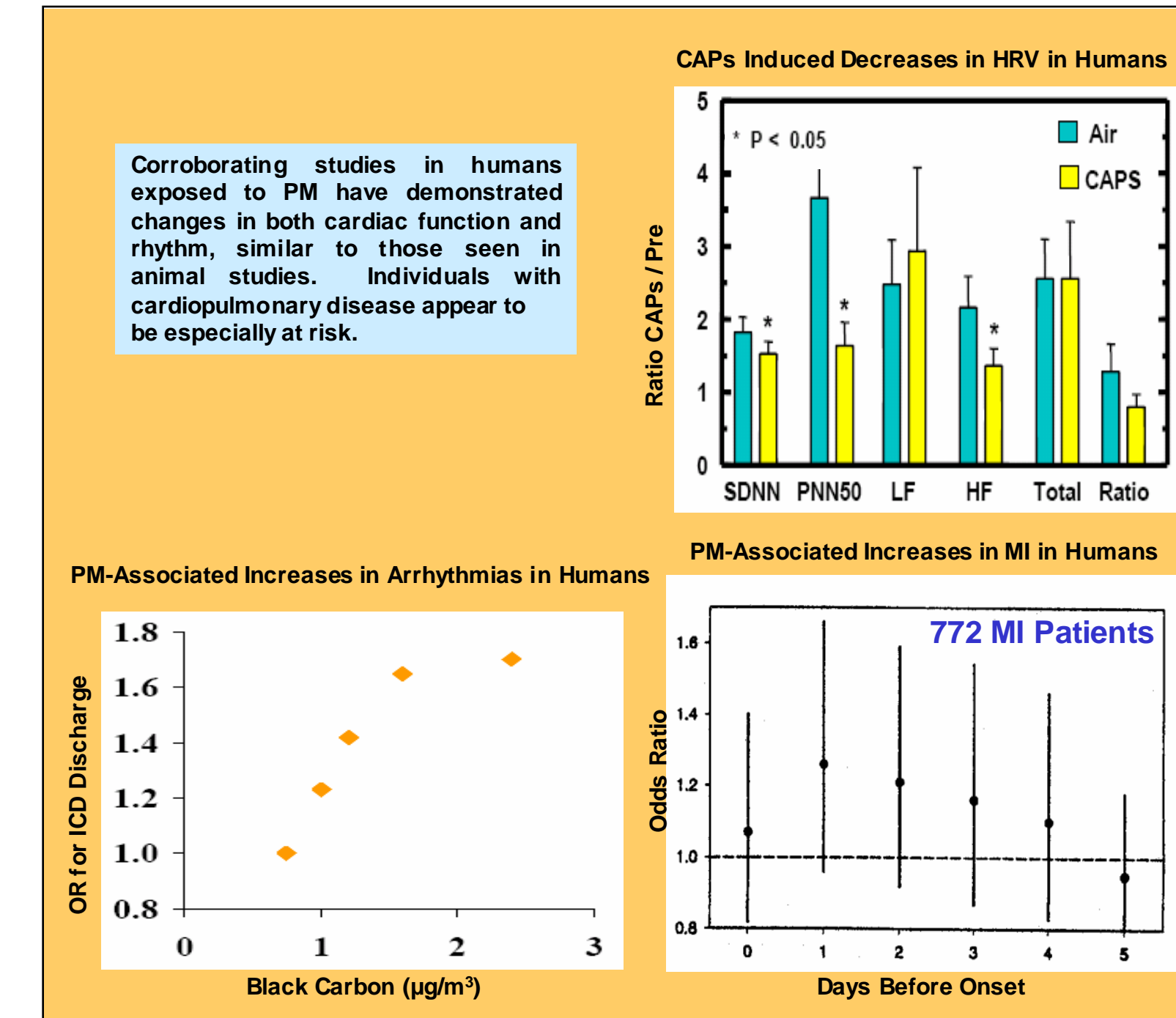


## Electrocardiogram and Cardiac Rhythm



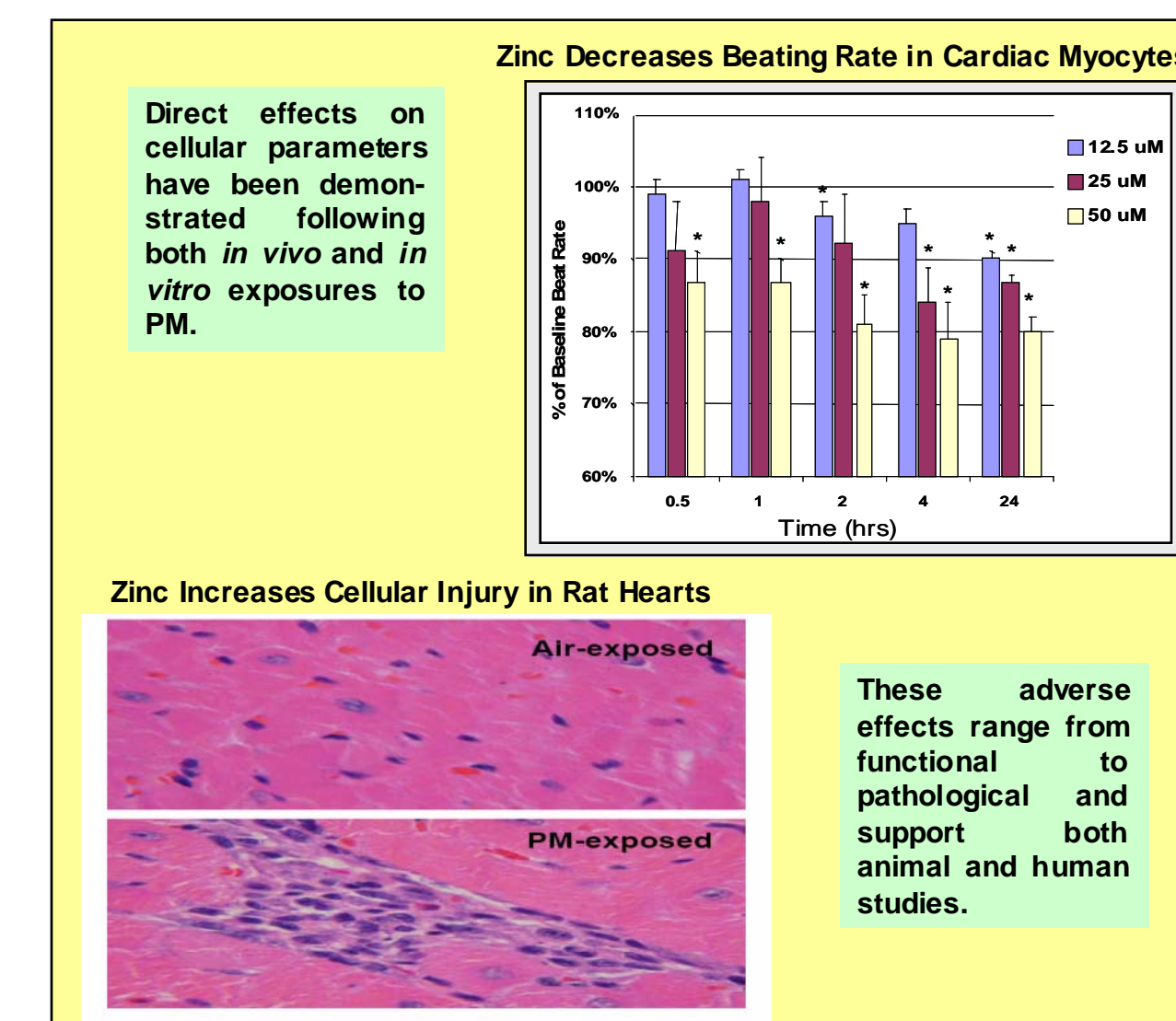
## Cardiac Effects – Humans

Cardiac Function and Rhythm



## Cardiac Effects – Cellular

Cardiac Function and Injury



## Results/Conclusions

- In addition to evidence of increased lethality in animals, these data demonstrate alterations in indices of cardiac function (e.g., heart rate, blood pressure, contractility), decreases in heart rate variability, and increases in arrhythmogenesis.
- The observed changes in cardiac function, heart rate variability, and electrocardiographic indices may serve as biomarkers for cardiac morbidity and mortality, especially in susceptible individuals.
- These studies generally support the observations of the epidemiological studies and implicate an important role for induced cardiac toxicity in PM-associated morbidity/mortality.

## Future Directions

- Develop, characterize, and test new animal models of susceptibility and/or cardiopulmonary disease.
- Expose these new animal models to representative urban PM using "real world" exposure scenarios.
- Continue to develop and improve specific cardiovascular methodologies (e.g., ECG interval and heart rate variability analyses) and statistical approaches for application to rodent models.
- Strengthen and improve linkages between human and epidemiological studies and animal work to promote resolution of mechanistic pathways

## Impact and Outcomes

- The elucidation of the underlying physiological mechanisms responsible for the induction of adverse cardiac effects following exposure to PM is crucial for the validation and interpretation of the epidemiological observations
- The demonstration of complimentary and corroborating data from both human and animal studies represents a critically important step in this effort
- The ultimate determination of these mechanisms will improve the ability to predict the likely toxicity of specific PM, constitutive agents, or output sources
- The subsequent establishment of linkages between toxicity and output sources will enhance and improve the specificity of the standard-setting process, provide crucial support for the mandated establishment of regulatory guidelines for PM by the USEPA, and thus lead to substantial improvements in public health

# Health and Exposure